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TAGS: [PREF PHUM PREL PGOV TH](#)  
SUBJECT: THAILAND: ASSISTANCE NGO TO LEAVE LAO HMONG  
DETENTION CENTER IN PETCHABUN.

Classified By: DCM James F. Entwistle, reasons 1.5 (b,d)

¶1. (C) SUMMARY: On April 24, the NGO Doctors Without Borders (MSF) informed us of its plans to leave the detention center in Petchabun within the next two to four weeks. MSF cited Royal Thai Armed Forces (RTARF) interference with its work providing medical care, food and water/sanitation. The Bureau of Population, Refugees and Migration provides most of MSF's funding in the Petchabun camp. The Thai MFA and Ministry of the Interior are trying to convince MSF to stay, but will work to find a replacement if unsuccessful. MSF will postpone an announcement on its withdrawal until a MFA-arranged meeting with security agencies takes place next week. Any easing of army pressure on the NGO will, however, likely only buy a few weeks time ) MSF insists it has decided to cease operations. The planned withdrawal of MSF, the only NGO in the camp, has increased stress among the 5,000 remaining Lao Hmong residents, and several hunger-striking protesters have injured themselves.

¶2. (C) COMMENT: MSF has been long ambivalent about its U.S. ) funded role in Petchabun, which is a departure from the traditional profile of an MSF mission. MSF sees its mandate as medical assistance in the emergency phase of a humanitarian crisis. Humanitarian assistance in protracted, &static8 situations (such as the one in Petchabun) is generally assumed by UN agencies or other NGOs, particularly if logistical operations such as food distribution are involved. MSF country director Gilles Isaard has often told us the absence of other options, and the poor psychological state of Lao Hmong internees, have been the reasons for its continued presence. A deterioration in relations with local military commanders in the camp, who have interfered with MSF daily operations on several occasions over the past two months, has offered MSF the immediate reason to depart. MSF is also nervous about being present on the scene when threatened forced returns begin in the next weeks/months.  
END SUMMARY AND COMMENT.

MSF SIGNALS PLAN TO PULL OUT  
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¶3. (SBU) The Department's Bureau of Population, Refugees and Migration has funded MSF (through UNICEF) since September 2007 to provide food and water/sanitation to the approximately 5000 remaining Lao Hmong detained in the RTARF-managed camp at Petchabun. (A medical clinic is supported by MSF private funds.) On April 24, MSF informed us of its plans to cease operations in the camp as soon as practicable, citing RTARF interference. The NGO has not yet set a concrete withdrawal date, but has told us it will leave in as little as two weeks, or may stay as long as a month or more, depending on the level of "cooperation" it receives from the RTARF. MSF plans to distribute a one-month supply of food in advance of its departure to ease a possible transition period.

¶4. (SBU) The Ministry of Interior (MOI) and Ministry of Foreign Affairs (MFA) met with MSF on April 29 in an attempt to convince it to stay, but MSF has told us a firm decision has been made to leave. MSF agreed, however, to delay its public announcement of its withdrawal until after a hastily-called internal RTG meeting occurs the week of May 4.

The MFA is anxious to have another international organization take MSF's place in order to illustrate the camp's openness, and will attempt to convince skeptical army and other security agencies. (Note: Charge, weighed in with MFA Permsec Virasakdi on the MSF situation on April 27. Our understanding is that control of the camp, located inside a 3rd Army facility, remains in the RTARF's hands, subject to overall policy direction from the National Security Council. The MOI, responsible for 150,000 Burmese in nine refugee camps, has little or no say in the Petchabun facility. End Note).

¶5. (C) In withdrawing, MSF cites a series of RTARF actions which they say violate two pre-conditions agreed upon when they arrived in Petchabun camp: no pressure on MSF staff, and free access to the camp population. The latest incident which precipitated MSF's withdrawal decision was a new RTARF requirement that patients at the clinic pass through an army checkpoint. Access to the clinic was not denied by the army, but many Lao Hmong are reluctant to pass the check point, fearing a recent army tactic of arrest and coerced return to Laos of key camp leaders and their extended family members. Some camp residents who are given small stipends to assist MSF operations have been questioned by the RTARF about their work and must pass through checkpoints before entering the

BANGKOK 00001103 002 OF 002

MSF compound, though there have been no incidents of staff being denied access.

¶6. ( C ) In March, the RTARF demanded that MSF's thirty long-employed Lao Hmong staff at the medical clinic be fired.

MSF was able to negotiate retention of half of the staff, but the reduction had an impact on clinic operations, and reduced their window into conditions in the large camp. In February, the RTARF briefly restricted food distribution to certain camp residents who refused to appear for mandatory head counts. The head counts have been used by the army to search empty tents for contraband such as moonshine liquor and lottery tickets. Again, MSF was able to negotiate a resumption of food distribution, but was unhappy at the pattern of army interference.

HUNGER STRIKE AND THREATENED SUICIDE  
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¶7. (SBU) Word of MSF's departure has reached camp residents, causing some psychological distress. Since April 26, five Lao Hmong men (along with their extended families) have displayed banners and begun a hunger strike protesting the move. Several have superficial self-inflicted wounds on their wrists, and one man has stabbed himself in the leg, causing a serious injury. As of May 1, MSF staff was still attempting to persuade them to stop the protest. RTARF personnel are observing, but as of COB had not intervened.

THE WAY AHEAD  
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¶8. (C) We will work with UNICEF to determine how long MSF will remain, encourage MSF to provide assistance for a transition period, and advocate RTG acceptance of another assistance provider. Assuming a positive response to the latter, we will attempt to identify a suitable partner. The International Organization for Migration (IOM) has a long-standing proposal (for which PRM has funding) with the RTG to provide return and reintegration assistance to the Lao Hmong in Petchabun, and it is possible they may be able to add food distribution and medical care. In 2004/2005, IOM ran

a clinic for Lao Hmong in Wat Tham Krabok. IOM told us they would be willing to consider an RTG request to provide services in place of MSF.

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